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P 23/29 PRINTED: 08/16/2012

CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED 01 - MAIN BUILDING 01 a, WING. 445296 NAME OF PROVIDER OR SUPPLIER 08/13/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (XS) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) K 020 NFPA 101 LIFE SAFETY CODE STANDARD K 020 K020 SS≂F Stairways, elevator shafts, light and ventilation 9/11/12 shafts, chutes, and other vertical openings 1. On 8/20/12 Maintenance between floors are enclosed with construction applied fire caulk to all having a fire resistance rating of at least one three of the unsealed hour. An atrium may be used in accordance with penetrations in the 8.2.5.6, 19.3.1.1. elevator shaft area. 2. All other areas of the elevator shaft were This STANDARD is not met as evidenced by: Based on observation and interview, the facility inspected for unsealed failed to assure the elevator shaft construction penetrations, and none was maintained. were noted. The findings include: 3. The Maintenance Director Observation and interview with the Maintenance conducted an educational Director on August 13, 2012 at 3:30 p.m. confirmed two (2) unscaled penetrations in the in-service on 8/24/12 to concrete shaft wall that is visible from the first the maintenance staff regarding the importance This finding was verified by the Maintenance of full inspection of the Supervisor and acknowledged by the Administrator during the exit conference on elevator shaft for August 13, 2012. penetrations, and the NFPA 101 LIFE SAFETY CODE STANDARD K 029 proper sealing of those K 029 SS=D penetrations. The One hour fire rated construction (with % hour fire-rated doors) or an approved automatic fire Maintenance Director or extinguishing system in accordance with 8.4.1 designee will inspect the and/or 19.3.5.4 protects hazardous areas. When elevator shaft for the approved automatic fire extinguishing system penetrations once per option is used, the areas are separated from other spaces by smoke resisting partitions and week for four weeks, then doors. Doors are self-closing and non-rated or annually. field-applied protective plates that do not exceed 4. The Maintenance director 48 inches from the bottom of the door are will report his inspection permitted. 19.3.2.1 results to the Quality

deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

PRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(XB) DATE

8652125642 >>

P 23/29 PRINTED: 08/16/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	OMB NO. 0938-03	
			A. BUILDIN		(X3) DATE SURVEY COMPLETED	
NAME O	F PROVIDER OR SUPPLIER	445296	B. WING_			
	CARE CENTER OF EAST	FRIDGE	1 1	REET ADDRESS, CITY, STATE, ZIP COD 500 FINCHER AVENUE	08/13/2012 PE	
(X4) (E PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		AST RIDGE, TN 37412		
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO-THE A DEFICIENCY)		
K 029 SS=D	Stairways, elevator shafts, chutes, and between floors are elevators are elevators. An atrium may a second an atrium and a second an atrium at	rview with the Maintenance 3, 2012 at 3:30 p.m. sealed penetrations in the at is visible from the first lied by the Maintenance owledged by the he exit conference on ETY CODE STANDARD Instruction (with ½ hour approved automatic fire in accordance with 8.4.1 ts hazardous areas. When it fire extinguishing system as are separated from a resisting partitions and closing and non-rated or plates that do not exceed	K 029	Assurance Common consisting of a physician director of nursing three other staff members for 3 members for compliance. K029 1. Door closures were installed on the Central Supply and Medical Records rooms by a maintenance staff. 2. The maintenance staff. 2. The maintenance staff conducted an inspectable were in compliant all were in compliant. 3. The Maintenance Disconducted an educate in-service on 8/24/12 the maintenance staff regarding the import for properly working closures. The Maintenance.	entral al the aff ction of res and nce. irector final 2 to ff ance door mance	
:		 	j	Director or designee	will	
ATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNAT	URE			
	A/lo.	1		TITLE	(XB) DATE	
ficiency	statement ending with an ex	sterick (*) denotes a deficiency which t	ha inclination -		<u> </u>	

ficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that staggards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days get the date of survey whether or not a plan of correction to provided. For nursing homes, the above findings and plans of correction are disclosable 14 lowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

MS-2567(02-99) Provious Versions Obsolete

Event ID: UC0821

Facility ID: TN3308

If continuation sheet Page 1 of 6

2012-08-21 09:56 DC0547PM13501
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

CX1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

8652125642 >>

P 24/29 PRINTED: 08/16/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPI ILDING	LE CONSTRUCTION: 01 • MAIN BUILDING 01	(X3) DATE	SURVEY
MOURT OF		445296	5. WIR	4Ġ		0.00	142/2042
LIFE CA	PROVIDER OR SUPPLIER RE CENTER OF EAST			150	ET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE ST RIDGE, TN 37412		<u>/13/2012</u>
(X4) ID PREFIX TAG	: (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD RE	COMPLETION DATE
	failed to assure root used to store combination and into Director, on August confirmed the Centroom doors were not (NFPA 101, 19.3.2.1) This finding was ver Supervisor and ackr	s not met as evidenced by: ion and interview, the facility ms larger than 50 square feet, ustible materials, were closers, :: erview with the Maintenance 13, 2012 at 2:55 p.m., al supply and medical records t provided with door closers (7) ified by the Maintenance towledged by the	Ko	129	inspect door closured per week for four wand then monthly for months. 4. The Maintenance diswill report his inspective fresults to the Quality Assurance Committed consisting of a physical director of nursing and three other staff members for 3 month. The Executive Direct will monitor for compliance.	reeks, or three rector ction cee cian, ad	
K 038 SS=D	Administrator during August 13, 2012. NFPA 101 LIFE SAF Exit access is arrang accessible at all time 7.1. 19.2.1 This STANDARD is Based on observatio failed to assure magnitude to assure magnitudes of the findings include: Observation and inte	the exit conference on ETY CODE STANDARD sed so that exits are readily es in accordance with section not met as evidenced by: en and interview, the facility netically locked doors em activation. NFPA 101, rview with the Maintenance 3, 2012 at 3:10 p.m.	к оз		K038 1. On 8/28/12 the magne door by the elevator we repaired by the maintenance staff 2. All other magnetic lock exit doors were tested of 8/20/12 by the maintenance staff and a functioned properly. 3. The Maintenance Direct conducted an educational in-service on 8/27/12 to	as ced on .ll tor	9/11/12

P 25/29

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			OMB NO. 0938-0391				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE	
		445296	B, Wil		OF A WARE GOLFDING OF		
NAME OF !	PROVIDER OR SUPPLIER	445286				08/	13/2012
LIFE CARE CENTER OF EAST RIDGE			i	11	REET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE (AST RIDGE, TN 37412		
(X4) ID PREFIX TAG	I ICAGA DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPRIDEFICIENCY)	UD RE	(X5) COMPLETION DATE
K 052 SS=F	designated an exit, out from the electric to release when the exit is in a staff only This finding was ver Supervisor and ackr Administrator during August 13, 2012. NFPA 101 LIFE SAF A fire alarm system installed, tested, and with NFPA 70 Natior 72. The system has and testing program	next to the elevator into and cal room to the rear exit failed fire alarm was activated. This area. If it is a larger to the maintenance.	KO	52	the maintenance staff regarding proper release exit doors. The Maintenance Director designee one time per week for four weeks, a then once per month for three months. 4. The Maintenance Director will report his inspection results to the Quality Assurance Committee consisting of a physicial director of nursing and three other staff members for 3 months. The Executive Director will monitor for compliance.	ase of or and or ctor on	9/11/12
	Based on observation failed to assure smole least 3 feet from an an an an anthe findings include: Observation and interpretor, on August 1 confirmed the smoke therapy room was look supply.	rview with the Maintenance			K052 1. On 8/15/12 the maintenance staff modified the air deflector in the Physical Therapy room so that air would no longer blow onto the nearby smoke detector. Or 8/27/12 a smoke detector	:	

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P 26/29
PRINTED: 08/16/2012
FORM APPROVED
OMB NO 0828

STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445296 NAME OF PROVIDER OR SUPPLIER 08/13/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 052 Continued From page 3 K 052 checked within 1 year after installation and every sensitivity test was alternate year thereafter. After the second performed. required calibration test, if sensitivity tests 2. All other smoke detectors indicate that the detector has remained within its were inspected for proper listed and marked sensitivity range (or 4 percent 36" spacing from air vents obscuration light gray smoke, if not marked), the length of time between callbration tests shall be by International Fire permitted to be extended to a maximum of 5 Protection Company and years. If the frequency is extended, records of all are now in working detector-caused nuisance alarms and subsequent trends of these alarms shall be order. 3. The Maintenance Director maintained. In zones or in areas where nuisance alarms show any increase over the previous year, conducted an educational calibration tests shall be performed. in-service to the Based on record review, the facility failed to maintenance staff assure smoke detectors were tested for sensitivity every two (2) years (NPFA 72-7-3,2.1). regarding keeping air flow The findings include: vents at least 36" from Record review on August 13, 2012 at 9:30 am smoke detectors. Upon the confirmed there was no documentation to completion of the demonstrate the smoke detectors in the facility had been tested for sensitivity. sensitivity test, the These findings were verified by the Maintenance Maintenance Director Supervisor and acknowledged by the scheduled a sensitivity test Administrator during the exit conference on for August of 2013. The August 13, 2012. K 062 NFPA 101 LIFE SAFETY CODE STANDARD Maintenance Director or K 062 SS=E designee will visually 9/11/12 Required automatic sprinkler systems are inspect smoke detectors continuously maintained in reliable operating one times per week for condition and are inspected and tested four weeks, and at least 19.7.6, 4.6.12, NFPA 13, NFPA periodically. 25, 9,7,5 once per month for two months. 4. The Maintenance director will report his inspection This STANDARD is not met as evidenced by: results to the Quality NFPA 25, 5.2.1.1.2 Any sprinkler shall be

M CMS-2567(02-88) Previous Versiona Obsolete

Event ID: UC0E21

Facility ID: TN3308

If continuation sheet Page 4 of 5



2012-08-21 09:57 DC0547PM13501 8652125642 >> DEALTH AND HUMAN SERVICES P 26/29 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/16/2012 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445296 B. WING NAME OF PROVIDER OR SUPPLIER 08/13/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX IĐ. PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC (DENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X51 TAG COMPLETION DATE DEFICIENCY) K 052 Continued From page 3 checked within 1 year after installation and every K 052 Assurance Committee alternate year thereafter. After the second consisting of a physician, required calibration test, if sensitivity tests director of nursing and indicate that the detector has remained within its three other staff listed and marked sensitivity range (or 4 percent members for 3 months.. obscuration light gray smoke, if not marked), the length of time between callbration tests shall be The Executive Director permitted to be extended to a maximum of 5 will monitor for years. If the frequency is extended, records of compliance. detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance K062 alarms show any increase over the previous year, calibration tests shall be performed. 1. On 8/20/12, International Based on record review, the facility failed to 9/11/12 Fire Protection Company assure smoke detectors were tested for sensitivity every two (2) years (NPFA 72-7-3.2.1). replaced the automatic sprinkler head inside the The findings include: Record review on August 13, 2012 at 9:30 am elevator shaft. confirmed there was no documentation to 2. All other sprinkler heads demonstrate the smoke detectors in the facility in the facility were found had been tested for sensitivity. These findings were verified by the Maintenance to be in compliance. Supervisor and acknowledged by the 3. The Maintenance Director Administrator during the exit conference on conducted an educational August 13, 2012. K 062 NFPA 101 LIFE SAFETY CODE STANDARD in-service to the K 062 SS≒E maintenance staff Required automatic sprinkler systems are regarding the inspection continuously maintained in reliable operating and importance of condition and are inspected and tested properly functioning

CMS-2567(02-99) Previous Versions Obsolete

periodically.

25, 9,7,5

Event ID: UC0E21

19.7.6, 4.6.12, NFPA 13, NFPA

This STANDARD is not met as evidenced by:

NFPA 25, 5.2.1.1.2 Any sprinkler shall be

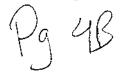
Facility ID: TN3308

sprinkler heads. The

Maintenance Director or designee will inspect sprinkler heads for

penetrations one time per

If continuation sheet Page 4 of 6



2012-08-21 09:57 DEPARTMENT OF HEALTH AND HUMAN SERVICES

DC0547PM13501

8652125642 >>

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FORM APPROVED OMB NO. 0938-0391

08/13/2012

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

445296

A. BUILDING B. WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	, 	AST RIDGE, TN 37412	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 4 replaced that has signs of leakage; is painted, corroded, damaged, or loaded; or in the improper orientation. Based on observation and interview, the facility failed to assure sprinkler heads were free of foreign material. The findings include: Observation and interview with the Maintenance Director, on August 13, 2012 at 1:30 p.m. confirmed the sidewall sprinkler head in the elevator shaft was covered with mortar. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2012. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 062 K 067	week for four weeks, and	9/11/19
	This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the		 The fire dampers were inspected on 8/27/12 by International fire Protection Company and were found to be in compliance. The contractor inspected other fire dampers in the building and all are in proper working condition. 	

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

WD PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION

P 28/29 PRINTED: 08/16/2012 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445296 NAME OF PROVIDER OR SUPPLIER 08/13/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 067 | Continued From page 5 The Maintenance Director K 067 conducted an educational maintenance director on August 13, 2012 at 10:30 a.m. confirmed the facility failed to perform in-service to the the 4-year required maintenance to fire dampers. maintenance staff This finding was verified by the Maintenance regarding the importance Supervisor and acknowledged by the fire damper certification Administrator during the exit conference on August 13, 2012. and the proper functioning NFPA 101 LIFE SAFETY CODE STANDARD K 147 of fire dampers in case of K 147 9/11/12 SS≒D a fire. The Maintenance Electrical wiring and equipment is in accordance Director also scheduled a with NFPA 70, National Electrical Code, 9.1.2 future fire damper inspection and certification for August of This STANDARD is not met as evidenced by: 2013. The maintenance K147 Based on observation and interview, the facility Director or designee will failed to assure low voltage wires were supported inspect the fire dampers at by structure. (NFPA 70 Articles 720 and 725) least once monthly for The findings include: three months, then Observation and Interview with the Maintenance Director, on August 13, 2012 at3:25 p.m. quarterly. confirmed wiring and cables were laying on ceiling tiles and not supported by structure above 4. The Maintenance Director the ceiling by the 1st floor elevator and at the 3-hour fire doors. will report his inspection This finding was verified by the Maintenance results to the Quality Supervisor and acknowledged by the Assurance Committee Administrator during the exit conference on consisting of a physician, August 13, 2012. director of nursing and three other staff members for 3 months... The Executive Director will monitor for compliance.

M CMS-2567(02-99) Previous Versions Obsolete

Event ID: UC0E21

Facility ID: TN3308

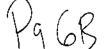
If continuation sheet Page 6 of 6

CENTERS FOR MEDICARE & MEDICAID SERVICES

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P 28/29 PRINTED: 08/16/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 445296 NAME OF PROVIDER OR SUPPLIER 08/13/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1600 FINCHER AVENUE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (X4) JD PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) PRËFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY K 067 | Continued From page 5 K 147 K 067 maintenance director on August 13, 2012 at 10:30 a.m. confirmed the facility failed to perform 9/11/12 1. On 8/31/12 the the 4-year required maintenance to fire dampers. maintenance department This finding was verified by the Maintenance repaired the low-voltage Supervisor and acknowledged by the Administrator during the exit conference on wiring in the main hall August 13, 2012. ceilings. K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 2. The Maintenance Director \$S=D inspected other areas of Electrical wiring and equipment is in accordance with NFPA 70. National Electrical Code. 9.1.2 the building for lowvoltage wiring touching the ceiling and all were found to be in compliance. This STANDARD is not met as evidenced by: K147 Based on observation and interview, the facility failed to assure low voltage wires were supported 3. The Maintenance Director by structure. (NFPA 70 Articles 720 and 725) conducted an educational The findings include: Observation and Interview with the Maintenance in-service to the Director, on August 13, 2012 at3:25 p.m. maintenance staff confirmed wiring and cables were laying on regarding the importance ceiling tiles and not supported by structure above of keeping wiring away the ceiling by the 1st floor elevator and at the from ceilings. The 3-hour fire doors. This finding was verified by the Maintenance Maintenance Director or Supervisor and acknowledged by the designee will inspect the Administrator during the exit conference on elevator shaft for August 13, 2012. penetrations once per week for four weeks, and then monthly for three months.



ATE FORM

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		ER/CLIA MBER:	A. BUILDING D1 - MAIN BUILDING D1		(X3) DATE SURVEY COMPLETED		
		TN3308		B. WING_		08/13/2012	
NAME OF PROVIDER OR SUPPLIER STREET A			STREET ADD	RESS, CITY,	STATE, ZIP CODE	1	10,2012
LIFE CAI	RE CENTER OF EAS	T RIDGE	1500 FINCI EAST RIDG				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		EMIL :	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)			(X5) COMPLETE DATE
	During the Life Safe conducted on Augu deficiencies were of Standards for Nurs	ety portion of the sur ist 13, 2012, no licen ited under chapter 1;	vey Isure	N 002	4. The Maintenance Dire will report his inspect results to the Quality Assurance Committee consisting of a physic director of nursing an three other staff members for 3 month The Executive Direct will monitor for compliance.	ion ian, d	
ISION OF HE	aith Care Facilities	PRINTED DEODESEN			TITLE		(X8) DATE

UC0E21